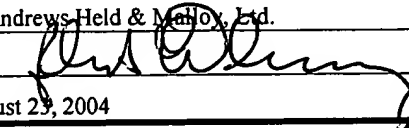
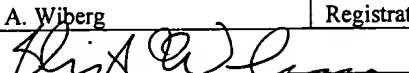
 TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/747,327	
		Filing Date	December 21, 2000	
		First Named Inventor	Creigh	
		Group Art Unit	2662	
		Examiner Name	J.B. Logsdon	
Total Number of Pages in This Submission		11	Attorney Docket Number	13457US02
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____		
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return-receipt post card		
		RECEIVED AUG 31 2004 Technology Center 2600		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.			
Signature				
Date	August 23, 2004			
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 23, 2004.				
Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)	44,401	
Signature			Date August 23, 2004	

Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
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		Group Art Unit	2662
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	13457US02

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Technology Center 2600

METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																																																																															
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**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John A. Wiberg	Registration No. (Attorney or Agent)	44,401
Telephone	312-775-8000	Date	August 23, 2004
Signature			

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